

The logo features a blue silhouette of a person standing on a pedestal, holding a set of scales of justice. The scales are balanced, and the person's arms are extended. The word "SYSTEMSTATS" is written in a large, bold, serif font, with the scales of justice logo integrated into the letter "Y".

SYSTEMSTATS

North Carolina Criminal Justice Analysis Center

Governor's Crime Commission

Effective Strategies for Domestic Violence Shelters: Strengthening Services for Children

Domestic violence service providers offer a wide range of services for women who are leaving an abusive relationship. Most of these services are delivered through the domestic violence shelter. In North Carolina, service providers have been providing safe environments for battered women and helping them overcome the challenges of creating lives free of violence for nearly thirty years. More recently, however, domestic violence shelters have begun offering programs and services for another type of client: the children of battered women. Children who reside temporarily in domestic violence shelters have a unique set of needs and difficulties as a result of both the trauma of witnessing domestic violence and the challenges of leaving home and adjusting to shelter living.

Children and Domestic Violence

In many domestic violence shelters, children make up nearly two-thirds of the residents, as most women who come to the shelter arrive with one or more children (Schechter, 88). In the early years of the battered women's movement, few shelters offered any children's programs beyond daycare services that were designed to give residents free time to make and keep appointments such as court dates and job interviews. The need for children's services emerged as shelter staff continually noted insecurities, symptoms of withdrawal, and a tendency to act out with aggressive behaviors among children in the shelter. Initially, some women's advocates were concerned that developing programs and devoting staff members to children's services would result in fewer resources and less funding for services for battered women. Although funding issues continue to be a concern for many domestic violence shelters, many shelters need children's programs that complement programs designed to assist victimized women, because the emotional and physical well-being of their children is a major concern for most women in shelters (Jaffe et al, 96).

East Carolina University's Department of Political Science, in conjunction with the North Carolina Governor's Crime Commission, recently conducted a study of children's programs within domestic violence shelters in North Carolina. The study was designed to identify and describe effective services for child victims of domestic violence and was based on the observation of programs and practices of effective domestic violence shelters in North Carolina. This research resulted in the creation of a manual for new and existing service providers that outlines how to put together an effective domestic violence services delivery system with an emphasis on effective practices, programs, and services for children. This issue of SystemStats presents the condensed results of this research.

Project Methodology

The primary goal of this research is to identify and describe the practices, programs, and services that are the components of an effective program for children within domestic violence shelters. The research provides a holistic perspective on the life cycle of the domestic violence service delivery system and emphasizes those crucial elements of the system that support and sustain efforts to develop effective programs and services for child victims of domestic violence.

The preliminary design for the research project was drawn from quantitative data gathered from ten domestic violence service providers in North Carolina. These data included demographic records on the clients served by these organizations from 1999 to 2000, financial plans for the organization, budgeting, and funding data. Four of these initial shelters were selected for further in-depth study. The research reports on the successful and effective practices of these four domestic violence service providers in creating a sustainable domestic violence service delivery system that meets the needs of both adult and child victims of family violence.

The ideas and experiences communicated in this manual come from interviews with the administrators and staff of domestic violence service providers, a mail survey administered to all shelters in the state, and an extensive literature search. The strategies detailed in this manual emerged from observations of domestic violence shelters in North Carolina. As such, they reflect the experiences of administrators and staff members working against domestic violence in various communities across the state.

The Featured Delivery Systems

Family Abuse Services of Alamance County has been in operation since 1982 and opened its domestic violence shelter in 1985. This organization serves a county-wide population of just over 120,000 people with a median household income of \$27,000. The children's program formally began in 1992 and the organization has continued to grow, implementing a transitional housing program in 1995.

Family Services of the Piedmont serves Guilford County, which includes the metropolitan Greensboro-High Point area. This organization operates two domestic violence shelters, serving a county-wide population of nearly 400,000. The organization has been operating in Guilford County since the early 1940's and opened its first domestic violence shelter in 1978. Family Services of the Piedmont also offers a wide range of services to the community that are not domestic violence-related.

The Abuse Prevention Council of Shelby serves a county-wide population of 94,000 citizens. APC is located in Cleveland County, a largely rural county with an economic basis in textiles and manufacturing. The organization has been in operation since 1984 and opened a domestic violence shelter in 1985. The Cleveland County service provider also operates a day camp for at-risk children, a program that was awarded the 1995 Marshall's Domestic Violence Peace Award.

Families First of Whiteville serves Brunswick County, a large rural county with just over 71,000 residents. This organization began offering services for victims of domestic violence in 1995 and opened the doors of the domestic violence shelter in 1998. The children's program of Families First is relatively new, as it has been in place since 1999.

The four domestic violence shelter sites mentioned on this page received (start-up) funding for programs and services from the North Carolina Governor's Crime Commission.

The funding these agencies received primarily finances pilot programs for one or two years after which organization administrators are required to seek alternative sources of funding. The four sites represent a wide range of geographic, demographic, and cultural variants. As a result, each shelter has encountered a different set of challenges in serving the target population: victims of domestic violence. Nonetheless, each organization has been successful and become an integral and important community resource.

The history of children's programs at the four sites featured in this manual reflect, to some extent, the history of the movement against domestic violence. Shelters that began providing services in the 1970's and 1980's have gradually incorporated programs designed for child witnesses of domestic violence into their existing range of services. In most of these cases, the development of a children's program occurred by degrees, as funding for children was sought after funding for women's services was secured.

By contrast, many shelters that have opened within the last ten years have incorporated programs for children into their services since opening their doors. These shelters look to the more established shelters for successful strategies for obtaining funding and integrating children's needs into their delivery systems. Today, shelter administrators and staff at both established shelters and newly formed organizations agree that children's programs are a fundamental part of the delivery system and represent a unique opportunity to break the cycle of domestic violence in future families thus need to be developed.

Effects of Domestic Violence on Children

When women or men are abused, their children are affected. Children experience domestic violence in many ways. Children in violent homes are frequently present during abusive episodes. They often hear or see verbal and physical attacks on their parents, or listen to the violence from another room. In another sense, children are exposed to the aftermath of domestic violence when they witness the physical effects of abuse on their parents' bodies and the physical destruction of the home, and when they experience the emotional effects of abuse through the grief, fear, and depression of the victim. Additionally, children in violent homes are often threatened with physical abuse, used by the batterer as objects of manipulation, and can be traumatized by the destruction of their possessions, living environment, and even pets. Children are also primary victims of domestic violence due to physical abuse.

While the effects of domestic violence on children span a range of outcomes, these effects can generally be conceptualized as resulting in one of two types of behavioral problems. Externalized problems are those that result in oppositional or aggressive behavior directed towards other people or animals. Examples of externalized reactions include fighting with peers, tantrums, and inappropriate displays of anger or frustration. Internalized problems are non-aggressive reactions that impede a child's normal emotional or intellectual development. Common internalized problems can include bed-wetting, refusal to interact with peers, and a loss of recently acquired skills or knowledge.

Although there is no single response to the distress that witnessing domestic violence causes, shelter staff, childcare workers, and researchers commonly report observing the following immediate responses among in-shelter children:

- fear: feelings of vulnerability and dread of another violent episode or "episode of violence"

There are many problems that stem from the distress of witnessing domestic violence short-term and long-term.

- depression: extreme and/or continual sadness
- timidity: shyness and withdrawal from social activities
- self-blame: the perception that their actions caused the violence
- anger: frustration at not being able to change the situation
- destructive behavior: externalized symptoms of anger
- separation anxiety: unwillingness to be separated from the victim
- lowered self-esteem: feelings of insignificance
- isolation: an inability to relate to others can cause children to separate themselves from peers
- anxiety disorders: stress responses including panic feelings and obsessive-compulsive behaviors
- boundary issues: difficulty understanding and setting personal boundaries, engaging in inappropriate physical contact with adults and peers

The responses described above are reactions that typically occur in the days or weeks immediately following the violence. In addition to these reactions, repeated exposure to domestic violence can impede the normal development of the child and result in adverse long-term effects that have the potential to impact the child's chances for a healthy transition into adulthood. Some of the more common long-term responses include the following:

- delayed emotional development: inability to develop empathy and compassion for others
- learning disabilities: an inability to retain information
- poor academic performance: consistently lower test scores and disruptive behavior at school
- lack of social skills: difficulty communicating and understanding appropriate behaviors
- poor problem-solving skills: decreased ability in reasoning
- violent behaviors: physically aggressive or destructive behaviors
- substance abuse: addictions can provide a respite from the trauma
- self-mutilation: causing physical pain to the self, usually by cutting with a sharp blade
- suicidal tendencies: attempts to take one's own life

These outcomes refer to the long-term effects of domestic violence. Children who witness domestic violence are at risk of becoming emotionally and socially crippled by the experience. Additionally, exposure to domestic violence can mold a child's expectations of adult relationships, contributing to the inter-generational transmission of violence (Holden, 1998). Children of domestic violence are all too often the recipients of a legacy that leaves them unprepared to successfully negotiate the world of adult relationships without turning to violence themselves.

Exposure to domestic violence can create barriers to the healthy development of a child's sense of self, retard normal emotional development, and plant the seeds of adult psychopathologies. Numerous studies and abundant anecdotal evidence confirm that children exposed to domestic violence often suffer from low self-esteem, learning disabilities, anxiety disorders, and are more likely to exhibit aggressive behavior than children from non-violent homes. Additionally, children who have been exposed to domestic violence may be more likely to become involved in violent relationships as adults than children who have not witnessed domestic violence (Cappell & Heiner, 1990; Rosenbaum & O'Leary, 1981; Widom, 1989).

Benefits of Domestic Violence Services for Children

To build a comprehensive children's program within a domestic violence shelter is to make an investment in the future of these children. While the severity of emotional and psychological problems among child witnesses vary greatly, nearly every child that comes to reside in a domestic violence shelter has specific emotional needs related to the previous abuse and recent upheaval. Healing child witnesses of domestic violence addresses the needs of the victim and prevents episodes of future violence.

A successful program specifically designed for child witnesses of domestic violence will have the following benefits:

- children are safe in the shelter and understand that they are in a safe place
- children learn about the dynamics of domestic violence

- feelings of guilt and fear are lessened
- non-violent techniques for conflict resolution are introduced
- children can be referred to other social service agencies for services
- children have an opportunity to discuss their feelings and fears with trained staff members
- victims and their children are encouraged to discuss their relationship with one another
- children learn to cope with major changes in their lives
- children understand that they are important and their needs will be addressed

Domestic violence service providers are in a unique position to address the long-term prevention of family abuse by healing child witnesses and providing them with effective tactics for personal safety and alternatives to violence. The first generation of domestic violence service providers was primarily concerned with intervention, or providing women and children with a safe place to escape the situation. Intervention continues to be a primary mission of service providers and shelters, as it is the first step in ensuring the physical safety of men/women and children in crisis. As shelter services expanded, however, advocates for battered women got more services to help women develop strategies for avoiding further violence in their lives. Domestic violence education and crisis counseling provide women with tactics for minimizing the likelihood of abuse, from plans for personal safety to taking steps to become financially and emotionally independent of the batterer. Similarly, education and counseling for child witnesses of domestic violence can help these victims comprehend the frightening episodes of violence and begin the process of healing the psychological damage inflicted by this trauma.

The primary goals of any shelter's children's program are:

- to ensure that the needs of the child victims continue to be heard and considered in the chaos that is inevitable in shelters
- to educate children on the dynamics of domestic violence in order to offset lingering guilt and to provide them with strategies and information on personal safety

- to involve the child in counseling groups that facilitate emotional healing and teach non-violent alternatives to conflict resolution
- to foster the relationship between the parents and their children by providing counseling, parenting courses, and support for both parents and children

Successful Strategies for Combating the Effects of Domestic Violence

Domestic violence service providers also have the opportunity to provide children with strategies for minimizing violence in their lives and help these victims begin the healing process. Effective programs for children include the following components: orientation, education, and counseling. These elements take the child through the healing process, one step at a time. Employed in conjunction with one another, these programs reassure, stabilize, teach, and heal child victims of domestic violence.

These three services create a trilogy that addresses the varied and changing needs of the child witness:

- orientation: immediate response
- education: follow-up services
- counseling: healing the effects of violence

An orientation welcomes and acclimates the children to the shelter. Education familiarizes the child with the basic dynamics of domestic violence, teaches personal safety measures, and introduces children to the mission of the shelter. Counseling involves a needs-assessment and provides the child with an appropriate place to begin the healing process. Initial counseling should help the child resolve any feelings of guilt or fear that stem from the violence in the home. Counseling, however, can be both crisis-mandated and ongoing. Therapy, a specialized form of intensive, long-term counseling, seeks to determine the cause of the child's emotional or developmental problems and to help the child overcome these issues. Together, these services move the child through the process of healing the trauma of domestic violence. What follows are the basic characteristics of each component.

Orientation

An orientation program for new residents of the shelter can soothe some anxieties the child may have concerning the abrupt move from a familiar place to a new living situation. Moving into a shelter means living in an entirely different world for a child. Familiar and comforting possessions are no longer available and the institutional surroundings may offer little comfort. Many children feel sadness at leaving a parent and may have ambivalent feelings about remaining with the abused parent. For a child, the move to a shelter can also entail meeting many new people in a short period of time, both in the shelter and in a new school. Adjusting to a new school is always challenging for children; it is particularly difficult for children coping with domestic violence.

For most children, shelter living will be their first experience with communal living and its inherent challenges. Essentially, everything familiar to the child has been removed except for the presence of one parent, a few possessions and, in some cases, siblings. The child resident of the shelter must confront every aspect of an entirely new life all at once and while in a fragile emotional state. An orientation program designed specifically for children can ease some of these anxieties by answering common questions and facilitating introductions to other shelter residents and staff members. Orientation sessions are usually conducted on the child's first full day as a shelter resident.

The orientation program should do the following:

- provide basic information on the shelter
- reassure the child of his or her personal safety and that of the victim-parent
- familiarize the child with the rules of the shelter
- explain the importance of confidentiality and/or shelter security
- introduce the child to key staff members
- provide the child with a reasonable schedule of the daily shelter operations
- explain the role of the service organization
- provide time for the child to ask questions regarding the shelter

Education

There are many misconceptions about domestic violence in our society. Most devastating, however, is the idea that children are to blame for violence between intimate partners. As adults, we know this is not true; but many child witnesses of domestic violence mistakenly believe this.

Educating child witnesses on the dynamics of domestic violence helps the child make sense of what is a confusing, painful, and distressing situation.

This component should do the following:

- demonstrate that the child was not the cause of the abuse
- reassure the child that he or she could not have stopped the abuse
- explain the tendency for violence to escalate
- help the child to understand why the victim-parent left the home
- discuss the role of the law enforcement and criminal justice systems
- familiarize the child with the 9-1-1 emergency system
- provide strategies for keeping children safe during violent episodes

The educational component of the children's program is typically conducted in group sessions, which allows children to meet other children in a similar situation. Material presented in these sessions should be age-appropriate and classes should be divided according to age groups. Likewise, the educational component can be adapted to serve as an outreach program for the larger community. Many childcare workers within the domestic violence organization speak to middle- and high school students. These presentations can help students to recognize domestic and dating violence, provide them with personal safety strategies, and introduce them to the services offered by the provider. In turn, students will often pass this information along to family members, leading to informal referrals for the organization.

Counseling

Counseling refers to the after-care provided for children who have witnessed domestic violence, and includes therapy, a long-term approach to healing emotional and psychological damage. Counseling can take many forms: crisis counseling, informal chats with a counselor, group sessions, guided activities, or one-on-one sessions with a therapist, trained to handle child domestic violence victims. In a recent edited volume on the inter-generational cycle of domestic violence, Peled and Edleson describe the attributes of an effective counseling program (Peled, Jaffe and Edleson, 1995). Effective counseling for children of battered women accomplishes the following objectives:

- allows children to express a range of feelings, including anger
- teaches communication and problem-solving skills
- increases the self-esteem of the participants
- helps participants to develop support networks
- teaches personal safety tactics
- allows children to develop feelings of safety and trust with peers and group leaders

Most domestic violence service providers in North Carolina offer some group counseling sessions to children who have been exposed to domestic violence but much more needs to be done. The most effective counseling programs are those that are regularly delivered in the shelter by a qualified staff member. While some service providers contract out counseling services to local mental health providers on an as-needed basis, children will benefit from participating in regular (weekly or more often) sessions with a trusted adult. It is important that the child feels comfortable with the counselor and develops an open relationship with this person. In-shelter services also provide a safe, familiar environment for the counseling sessions. Additionally, children will begin to forge relationships with other in-shelter children as a result of group counseling activities. An on-staff counselor will also be available for interventions and crisis counseling for in-shelter children who are in transition and may require more intensive counseling services.

Therapy can also be an integral part of the process of healing for child witnesses of domestic violence. Therapy is a tool for mitigating the traumatic effects of domestic

violence on children. There is little research available on the most effective therapies for child witnesses of domestic violence; most domestic violence providers in North Carolina refer children to outside mental health providers when intensive therapy is needed.

Domestic violence shelters should have in place a system that facilitates screening children for emotional problems that might require therapy. The screening process should include periodic interviews with the parent as well as regular evaluations of the child conducted by an on-staff therapist. Therapy is not needed for every child witness of domestic violence; it is a tool for healing children with complex and severe emotional disorders. There is a wide range of children's therapies available, from play therapy to intensive cognitive behavioral therapy. Any therapeutic program designed for children who have been victimized by domestic violence should do the following:

- be conducted in a confidential one-to-one setting with the child
- investigate the prolonged effects of the episodes of domestic violence
- seek to alleviate the distress caused by exposure to violence
- help children gain control over their fears and anxieties related to violence
- provide the child with strategies to minimize emotional distress in the future

Like counseling, therapies for child witnesses of domestic violence can vary greatly. Some providers need to develop their own therapeutic curriculum and deliver this service in-house. Other providers contract out this service to local psychologists which is expensive. Another option is to obtain a packaged curriculum that will be delivered in-house. Regardless of how the therapy is delivered, domestic violence service professionals have a responsibility to supervise the child's progress. If the therapy is contracted to a local provider or handled by the local Department of Social Services, the shelter's childcare supervisor or case manager should develop and maintain regular contact with the therapist. Furthermore, any therapy should have a rigorous evaluation component that emphasizes program improvement and outcomes for participants.

Overcoming Obstacles

Shelters with children's programs have encountered difficulties in providing therapy for in-shelter children. These problems include:

- a high turnover rate of children in the shelter
- difficulties in maintaining contact with families when they leave the shelter
- parental reluctance to commit to long-term therapy
- difficulties in assessing the success rate of therapies

These difficulties are all related to the transient nature of families within the domestic violence shelter and the uncertainties that they face. Many women will visit the shelter several times, each time staying a few days before leaving and returning to the violent home. Many times, these visits will become longer as the women gain confidence in their abilities to make permanent changes in their lives and the lives of the children. Nonetheless, it is exceedingly difficult to maintain contact with families who leave the shelter after only a few days. Childcare workers can minimize the difficulties by explaining the importance of participation to the parent and encouraging their commitment to continuing the child's participation. In-shelter case managers and counselors can combat the tendency for women to view their time in the shelter as finite.

Despite the efforts of shelter staff, even parents who remain in the shelter for longer periods of time and successfully create independent living situations for themselves and their children are reluctant to continue participation in shelter programs as community clients. For these parents, continued participation in shelter programs may diminish the measure of success they have worked so hard to accomplish. Parents in this situation may wish to leave their experience in the shelter in the past, and so do not provide contact information for shelter staff when they leave the shelter. An orientation program for newly arrived victims as well as ongoing meetings with a case manager can help staff members to promote a more long-term image of the shelter and its available services.

Recommendations for Children's Programs

When an effective children's program is implemented and delivered to child witnesses through domestic violence service providers, we can reasonably expect to see positive changes in these children. Some expected benefits include improved academic performance, higher self-esteem, the development of healthy interpersonal relationships with adults and peers, fewer incidences of juvenile delinquency, and, ultimately, fewer incidences of interpersonal violence in the child's own life. In order to develop these programs and services for child witnesses, domestic violence service providers and public policy makers should take a positive approach to implementing the following recommendations.

➤ Clearly define the client

Recognizing that children of a battered parent are also primary clients of the organization will help service providers design effective programs for these children that go beyond crisis counseling and child care services. It is a family problem not the problem of one spouse or another. Defining the child as a client of domestic violence shelters will also help public policy makers to develop a greater understanding of the range and effectiveness of programs and services available for children.

➤ Recognize the power of networks

There are three types of networks that are vital to the continued development and success of domestic violence services for children: shelter networks, service networks and care networks. Shelters often ask other shelters to house clients if the local situation becomes too dangerous for the client to remain at the local shelter. Shelters also learn from each other—innovative and promising techniques of treatment, methods of delivery, types of organization, and even architectural design are shared from one shelter to another. Conferences, meetings, and other formalized arrangements that create shelter networks are valuable methods of building relationships and sharing vital information and experience.

It is also important for shelters to develop networks of service providers and other key parties. Within a local service provision area, there are numerous actors who are concerned with the delivery of services to children witnesses of domestic violence. Shelter operators and staff need to identify those actors – law enforcement officers, therapists, court officials, health care workers, educators, etc. – who are, first, sensitive to the needs of both the victim of domestic violence and the children who witness such violence, and second, available and willing to assist the shelter in developing and delivering services to these victims and their children.

Last, networks of care must be developed. By this, we mean that the needs of the children need to be addressed by a network of professional service providers, each of whom has his or her own area of expertise. Shelters cannot and should not be the sole provider of such services. Instead, the shelter can act as the coordinator of the services delivered either on- or off-site by service professionals who are, most commonly not shelter staff. The more highly developed these networks of care are, the greater the likelihood that individual women and children will receive the services they need.

➤ Find creative funding solutions

Another theme that emerges from this study of domestic violence service providers in North Carolina is the need for sources of long-term, secure funding for the shelters. Treatment of children in domestic violence shelters is expensive – the children have needs for food, clothing, educational supplies, transportation, counseling, and sometimes therapy. Even for the short period of time that some shelters host women and their children, the costs for providing these services can become extraordinarily high. Various granting agencies in North Carolina and elsewhere have attempted to address these funding needs, primarily providing startup funds for new shelters or new programs within existing shelters. This funding has the laudable goal of making it possible for a new shelter to open its doors and begin offering services. For new programs, the funding also typically has a requirement that the shelter raise

enough money to sustain operations after the initial grant expires. Such startup funding – often provided for the first several years of the shelter's life – requires a significant amount of staff effort to identify and pursue funding for the shelter after the startup grant expires. This effort by staff competes for time and energy that should be devoted to delivering services to the victims of domestic violence and their children.

➤ Operate according to a life-cycle model

The operation of a shelter is but one of many services provided by domestic violence organizations. The shelter encompasses many other programs. Thus the operations of the shelter make up a vital infrastructure that makes the delivery of services possible. Many domestic violence service providers find it both helpful and necessary to prioritize the services that they want to offer and then gradually expand the organization by adding additional services as they are able to secure a steady stream of funding. This is the concept on which the life cycle model of domestic violence shelters is based — a continuous strategy of planning, operating, and expanding services for victims. Therefore, while this research has been conducted to determine the most effective practices in children's programs and services, the life cycle model has been developed with the entire organization in mind.

The stability of the domestic violence delivery system will provide a secure framework for the children's programs and services. By conceiving of a public service as a delivery system, the focus of the organization shifts to process and outcomes. Thinking of domestic violence service providers as agencies is useful for understanding the internal structure and policies of the provider. Conceptualizing providers as delivery systems focuses attention on the steps to plan, operate, and expand the infrastructure; the sustainability of the provider's services; and the outcome measures for these services. Delivery systems exist for one reason: to deliver services to the client.

A successful children's program is one that consistently meets the needs of child residents and supports the battered spouse in her or his role as a parent. As the parent and children move from the shelter into new lives, they will face many additional challenges. An effective children's program can ease the child's transition from the home to the shelters, help the child make sense of a bewildering situation, teach techniques for personal safety and non-violence conflict resolution, and help children begin to heal the emotional wounds caused by domestic violence. In doing so, the service provider will have accomplished the most important goal of all: children of battered women will be equipped with the tools they will need to construct healthy and satisfying lives.

Picture drawn by a child in a domestic violence shelter





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A Publication of the
Governor's Crime Commission
Department of Crime Control and Public Safety
(919) 733-4564
<http://www.gcc.state.nc.us>

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The Governor's Crime Commission was established in 1977 by the North Carolina General Assembly under G.S. 143B-479. Its primary duty is "to be the chief advisory body to the Governor and the Secretary of the Department of Crime Control and Public Safety for the development and implementation of criminal justice policy." The Crime Commission is always open to comments and suggestions from the general public as well as criminal justice officials. Please contact us and let us know your thoughts and feelings on the information contained in this publication or on any other criminal justice issue of concern to you.			
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Some of these reports can also be found on the Governor's Crime Commission website below:

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